

306048

ACCEPTED FOR PROCESSING - 2022 March 18 10:30 AM - SCPSC - 2022-119-T - Page 1 of 15

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo

BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2022 - 119 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Submitted by: Ineisha Williams Address: 565 Public Landing Ln Yemassee, SC 29945

Telephone: 843-986-4097 Fax: Other: Email: kppersonalcare22@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

RECEIVED MAR 18 2022 PSCSC Clerks Office

- Application - Class A/A Restricted
Application - Class C Taxi
Application - Class C Charter
Application - Class C Charter Bus
Application - Class C Non-Emergency
Application - Class C Stretcher Van
Application - Class E Household Goods
Application - Class E Hazardous Waste
Application
Request for Extension to Comply with Order
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
Request for Cancellation of Certificate
Request for Suspension
Request for Reinstatement
Request for Name Change on Certificate
Request to Amend Scope of Authority
Request to Amend Tariff (rate increase, etc.)
Request to Amend Passenger Limit
Request
Exhibit
Late-Filed Exhibit
Letter
Proposed Order
Publisher's Affidavit
Reservation Letter
Response
Return to Petition
Other:

P.P. ✓

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN

Date: 03/17/2022

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Keep Pushing Personal Care LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

5105 Public Landing Ln Yemassee, SC 29945  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-986-4097

Phone

Fax

kppersonalcare22@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

Individual Owner/Sole Proprietorship

Partnership - List names and address of all person having an interest in the business.

Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$30,000.00	Mortgage/Loan on Real Estate	\$0.00
Value of Motor Vehicles	\$0.00	Loans Owed on Motor Vehicles	\$0.00
Cash on Hand	2,000.00	Business/Other Loans Owed	\$0.00
Cash in Bank	10,000.00	Other Liabilities or Debts	\$0.00
Value of Other Assets and Equipment		<b>Total Liabilities</b>	\$0.00
<b>Total Assets</b>	42,000.00		

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Week days (Business hours)  
 Ambulatory \$45-\$50  
 Wheelchair \$55-\$60  
 Stretcher \$100-\$200

Weekends (OFF Hours)  
 Ambulatory \$50-\$60  
 Wheelchair \$65-\$75  
 Stretcher \$125-\$225

Holidays  
 Ambulatory \$55-\$65  
 Wheelchair \$85-\$100  
 Stretcher \$150-\$250

Additional Mileage:  
 \$3-\$5 per mile (Week days)  
 \$5-\$7 per mile (Weekends)  
 \$5-\$10 per mile (Holidays)

Wait Time Fee per 30mins  
 Weekdays \$15-\$30  
 Weekends \$15-\$30  
 Holidays \$15-\$30

Attendant Fee: \$5-\$10

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



# INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Inesha Williams

Name of Applicant

75 George Williams Ln Sheldon, S.C. 29941

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 11,588.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	\$ 8,079
Medical Payments per Person	\$ 1,000	\$ 258.00

Geico

Name of Insurance Company

1 Geico Blvd, Fredericksburg VA, 22412

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Ineisha Williams  
Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?  
 Yes                       No                       Pending      (Submit when received.)  
 If Yes, indicate rating below and provide copy.  
 Satisfactory               Conditional               Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?  
 Yes                       No

3. Are there currently any outstanding judgments against the Applicant?  
 Yes                       No  
 If Yes, list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?  
 Yes                       No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?  
 Yes                       No

**Exhibit on Driver and Assistant Driver Qualifications**

- 1. Applicant has read and understands Commission Regulation 103-133(8).  
 Yes                       No
  
- 2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.  
 Yes                       No
  
- 3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.  
 Yes                       No
  
- 4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.  
 Yes                       No
  
- 5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
 Yes                       No
  
- 6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.  
 Yes                       No
  
- 7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.  
 Yes                       No
  
- 8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.  
 Yes                       No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

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Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Inaisha Williams  
Applicant's Signature  
Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Colleton )

SWORN TO BEFORE ME  
This 15<sup>th</sup> day of March, 20 22

Josephine M. Roberts  
Notary Public  
Commission Expires October 21, 2024



Print Application

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 220110-1123021

Filing Date: 01/09/2022

Jan 10 2022  
REFERENCE ID: 943914

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Keep Pushing Personal Care LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
PO BOX 590

(Street Address)

Lobeco, South Carolina 29931

(City, State, Zip Code)

3. The initial agent for service of process is

Ineisha Williams

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
565 public landing In

(Street Address)

YEMASSEE

South Carolina 29945

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Ineisha Williams

(Name)

565 public landing In

(Street Address)

YEMASSEE, South Carolina 29945

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jan 10 2022  
REFERENCE ID: 943914

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

Keep Pushing Personal Care LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5.  Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_

6.  Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7.  Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Jan 10 2022

REFERENCE ID: 943914

  
SECRETARY OF STATE OF SOUTH CAROLINA

Keep Pushing Personal Care LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Ineisha Williams

\_\_\_\_\_  
Signature of Organizer

Date: 01/09/2022

\_\_\_\_\_  
Signature of Organizer

Date: \_\_\_\_\_

Account Summary For KEEP PUSHING PERSONAL CARE LL

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Quote #: 12708906  
 Status:  
 Policy Type: AP

Originally Quoted: 1/01/2022 12:00 AM  
 Quote Printed: 3/18/2022 7:32 PM EDT  
 Proposed Effective: 3/18/2022 12:00 AM  
 Proposed Expiration: 3/18/2023 12:00 AM

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	100,000/300,000/50,000	8,712
7	UM - BIPD	100,000/300,000/50,000	907
7	UIM - BIPD	100,000/300,000/50,000	1,348
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	1,368
	Total Ins Value	10,000	
<b>Total</b>			<b>\$12,335.00</b>

Quoted By: GEICO Online Commercial Rater  
 One GEICO Blvd  
 Fredericksburg, VA 22412  
 Phone - (800) 841-3000  
 geicocommquote@geico.com

DOT #: Unknown  
 MC #: Unknown

Revision: 3SC2021R01

Vehicle Information

BHHC-Rate Version:

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	All/Lessor	Unit Sub Total
1 2013 HONDA ODYSSEY Comp/Coll: \$10,000 Radius: Up to 150 Miles	8,712	907	1,348	N/A	1,368	N/A	N/A	12,335



**Payment Plan**

 **\$2,318 - Down payment**  
\$927 - Ten monthly payments

**Customer**

**Business Name**  
KEEP PUSHING PERSONAL CARE, LLC.

**Business Address**  
565 Public Landing Ln, Yemassee, SC 29945

**Primary Officer Name**  
Ineisha Williams

**Primary Officer Address**  
75 George Williams Lane, Sheldon, SC 22941

*Insurance Score Applied*

**Drivers**

Ineisha Williams

[Add a driver](#)

**Coverages**

<b>Liability CSL</b> \$1,000,000	-	\$8,079	:
<b>UMCSL</b> \$1,000,000	-	\$1,428	:
<b>UMPD</b>	-	Incl	:
<b>Medical Payments</b> \$5,000	-	\$258	:
<b>Physical Damage</b> Lesser of Actual Cash Value or Stated Amount	-	\$1,823	:

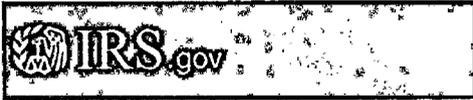
**Total Premium**

- \$11,588

**Vehicles**

**#1 2016 FORD Transit**  
Value - \$34,000 Deductible - 500/500

[Add a vehicle](#)



EIN Assistant

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

Congratulations! Your EIN has been successfully assigned.

EIN Assigned

Legal Name: KEEP PUSHING PERSONAL CARE LLC

Your confirmation letter will be mailed to you. This letter will be your official IRS notice and will contain important information regarding your EIN. Allow up to 4 weeks for your letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using your new EIN.

Continue >>

Help Topics

Can the EIN be used before the confirmation letter is received?